

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 1430 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E Norris

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 0 Years, 9 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 2121 Pennsylvania Ave

Cause of Death, { First (Primary), Second (Immediate), } Inflammation of bowels  
Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 19/87

Undertaker, J. B. Cook Chas E Swatter M. D. Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 2100 Omaha Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1437 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17, 1887

Full Name of Deceased, 6 Ann Watts  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 20 Years, 10 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Maryland  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 511 W Mount St  
{ Give Street and Number. }

Cause of Death, Acute Articular Rheumatism  
Edema of Lungs  
4 weeks  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, July 18

{ Undertaker, J B Cook } James Barclay M. D.  
Medical Attendant.

{ Place of Business, 1003 W Baltimore St } 1701 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1437 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles F. Kraning

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 8 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, \_\_\_\_\_

During life

Place of Death, { Give Street and Number. }

414 S. Stucker St.

Cause of Death, { First (Primary), \_\_\_\_\_

Rheumatism

Second (Immediate), \_\_\_\_\_

Heart Disease

Duration of Last Sickness, \_\_\_\_\_

6 or 8 months

All the above information should be furnished by the Physician

Place of Burial, St. Peters Cem

Date of Burial, July 19/87

H. H. Goodman

M. D.

{ Undertaker, J. B. Cook

Medical Attendant.

{ Place of Business, 1003 So. Balto

Address, 1335 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

## Health Department, City of Baltimore.

Permit No. 1433 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Yahn

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 40 Years, 23 Months, 16 Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } married

Occupation, freecoen

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lutzen, Germany

Duration of Residence in the City of Baltimore, three years

Place of Death, { Give Street and Number. } 407 N. Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Enteric + Green  
Heart failure

Duration of Last Sickness, three wks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19th 1887 Jos. Blum M. D.

Undertaker, J. Sawald Medical Attendant.

Place of Business, 119 S. Eutaw St Address 16 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A 1434 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 18 1887

Full Name of Deceased, Susan Sheid { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, 5 Months, 3 Days.

Color, \_\_\_\_\_

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Fredricksburg Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give Street and Number. } 1336 Penn. Ave

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balls Blenheim Cemetery

Date of Burial, July 20-1887

Undertaker, J. B. Cook J. B. Hammer M. D. Medical Attendant.

Place of Business, 100 W. Balt. St. Address, 212 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

## Health Department, City of Baltimore.

Permit No.

A 1435

Office of Registrar of Vital Statistics.

Ward

5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Charles H. Tenley

Sex, Male or Female, { Cross out the word not required in this line. }

male

Age, Years, 2 Months, 21 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore, Life -

Place of Death, { Give Street and Number. }

710 Essex St

Cause of Death, { First (Primary), }

Enteric Dysentery

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 18<sup>th</sup> 1887

{ Undertaker, A. Pink &amp; Son }

Irving Miller

M. D.

Medical Attendant.

{ Place of Business, 915 N. Gay St }

Address, 1207 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1436 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July, 17<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John R. Martin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 7 Months, white Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balto Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, 1405-1500 Smith St

Place of Death, { Give Street and Number. } Cholera Infantum

Cause of Death, { First (Primary), Second (Immediate), } 6 days

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 19<sup>th</sup> 1887

Undertaker, J Schilling

M. B. Billingsley M. D.  
Medical Attendant.

Place of Business, Ashland Square Address, 1206 E Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1437 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridger M<sup>c</sup>Parlow

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Battlement M<sup>c</sup>

Birth Place, { State or country, and how long in the United States, if of foreign birth. } During Life

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, { Give Street and Number. } Clayland St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 18<sup>th</sup> 1887

Undertaker, Daniel Flynn

Place of Business, 42 E. West St.

O. A. Crook M. D.

Medical Attendant.

Address, 104 Fort a

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1438 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, John H. Thomas

Sex, Male or Female, Male

Age, 8 Years, 6 Months, 6 Days.

Color, Colored

Married, Single, Widow or Widower, Single

Occupation, ✓

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, 7 days

Place of Death, # 631 Vine Street

Cause of Death, Cholera Infantum

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 18

Undertaker, John H. Owens

Place of Business, 502 Pearl Address, L. G. Sparrow M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health, City of Baltimore.  
Permit No. **A. 1439** Office of Registrar of Vital Statistics. Ward **3**  
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 17<sup>th</sup> 1887**  
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Isaac Blum**  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, **3** Days.  
Color, **white**  
Married, Single, Widow or Widower, { Cross out the word not required in this line. }  
Occupation \_\_\_\_\_  
Birthplace, { State or country, and how long in the United States, if of foreign birth. } **US**  
Duration of Residence in the City of Baltimore, **Life**  
Place of Death, { Give street and Number. } **88 73 Ave St**  
Cause of Death, { First (Primary), **Marasmus**,  
Second (Immediate), \_\_\_\_\_ }  
Duration of Last Sickness, **5 days**  
All the above information should be furnished by the Physician.  
Place of Burial, **Eden St Cemetery**  
Date of Burial, **July 18<sup>th</sup> 1887**  
{ Undertaker, **Chas. F Evans** }  
{ Place of Business, **1000 E Baltimore St** Address, **1015 E. Baltimore** }  
**Chas. F. Evans** M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]